

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/06/2016 15:13
Date Of Accident	09/06/2016 15:25
Exact Location Of Accident	EAST COAST PARKWAY EAST BOUND NEAR PARKWAY PARADE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8004S
Insured/Policyholder	
Name Of Registered Owner	OCEANVISION PTE LTD
Co Reg No	199405332D
Email Address	IAN@OCEANVISION.COM.SG
Mobile Phone No	(LOCAL) +65-96640641
Alternative Phone No	Office-96640641

Vehicle Particulars

Manufacturer	AUDI
Model	Q7-3.6 FSI Quattro S-Line (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	
Cover Note Number	

Driver

Name of Driver	IAN JOHNSON
NRIC No	S2683487B
Date Of Birth	03/05/1949
Occupation	Indoor
Date Of Driving Pass	10/10/1981
Driving Experience	34 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-96640641
Fax Number	
Contact Number	Others-96640641
EEmail Address	IAN@OCEANVISION.COM.SG

Address	40A TOH CRESCENT
Postcode	507952
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - AUTHORISED DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Traffic Police Division Hq
Police Station Address	ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBE8113E
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Name of Driver	TOH KAI SENG
NRIC/Passport Number	S0178841H
Contact Number	96628113
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGW5954K
Vehicle Make/Model/Colour	
Details Of Properties	

Name of Driver	JEREMY LAI
NRIC/Passport Number	S8729995C
Contact Number	90674660
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGP1606D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	S9040474A
Contact Number	92215523
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHD1899B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	IAN PETER JOHNSON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJX8004S
Were seat belts worn?	Yes

Was injured conveyed to hospital by ambulance?	No
Address	40A TOH CRESCENT
Postcode	507952

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Handwritten Signature]

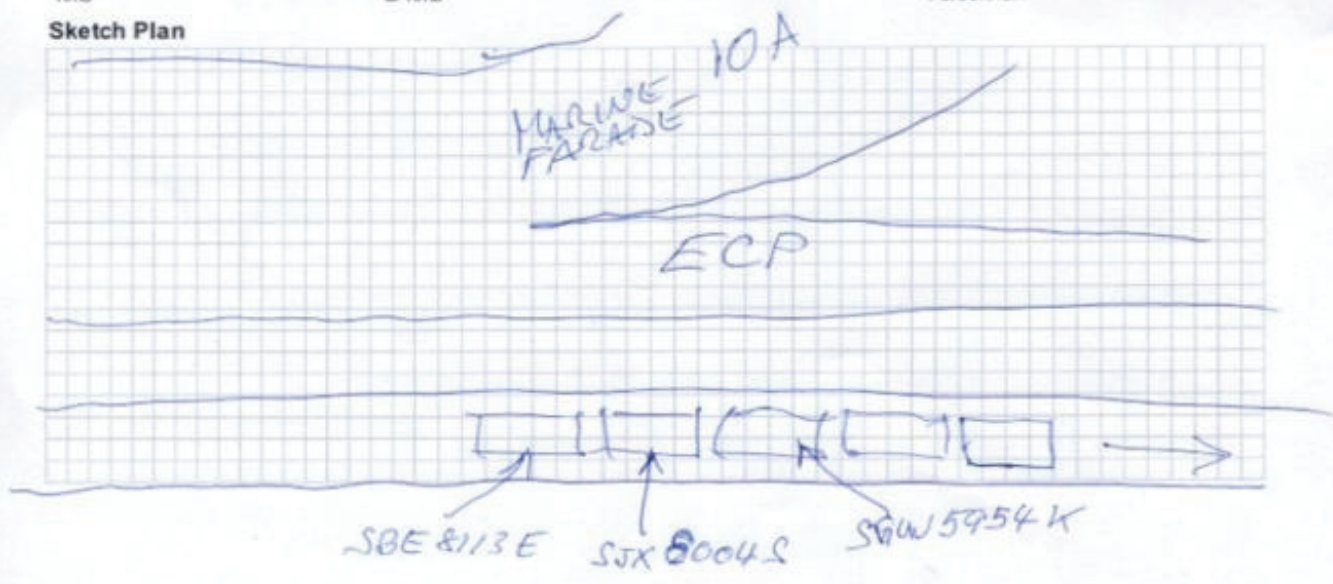


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE REFER TO THE POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.



Jan Johnson
JAN JOHNSON

Policyholder's Signature / Date & Time 08/06/16

09/06/16

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20160609/2172

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20160609/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2016 18:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: IAN PETER JOHNSON			Address: 40A TOH CRES TOH ESTATE SINGAPORE 507952		
ID Type / ID No.: NRIC NO / S2683487B			Contact No.: Home/Office: Mobile: 96640641		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 03/05/1949	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: Business consultant			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2016 15:40	Type of Location: Straight Road
Location: EAST COAST PARKWAY MARINE PARADE 10B EXIT				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SBE8113E	Car	MERCEDES BENZ	E200K	Silver		0
SGP1606D	Car	TOYOTA	MARK X 2.5 A	Black		1
SGW5954K	Car	HYUNDAI	VERNA 1.4 AUTO	Silver		1
SHD1899B	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICIENCY	White		0

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T/20160609/2172

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20160609/2172

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJX8004S	Car	AUDI	Q7 3.6 FSI QU S-LINE FACELIFT	White		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IAN PETER JOHNSON		ID No. S2683487B
Related Vehicle	NIL		Contact No. 96640641
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

ON THE 09/06/2016 AT ABOUT 1540HRS

I WAS DRIVING MY VEHICLE ON EAST COAST PARKWAY EXPRESSWAY NEAR BY A EXIT 10B MARINE PARADE, WAS QUITE A HEAVY TRAFFIC, THE CAR INFRONT OF ME DID AN EMERGENCY BRAKE, SO I ALSO DID AN EMERGENCY BRAKE TO AVOID COLLISION INFRONT, BUT THE CAR BEHIND ME DID NOT MANAGE TO STOP IN TIME CAR NO. SBE 8113E. IMPACT MADE ME COLLIDE WITH THE CAR INFRONT OF ME PLATE NO.SGW5954X, THE IMPACT WAS HARD FROM BEHIND, THAT MADE ME COLLIDE WITH THE VEHICLE INFRONT THAT I WAS TRYING TO AVOID COLLIDING. I SUSTAIN AN MINOR INJURIES ON MY HEAD, HITTING ON THE BACK HEAD REST, WHICH LEFT ME A LITTLE DIZZY AFTER THE IMPACT. THAT'S ALL

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20160609/2172

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Report No. T/20160609/2172

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
BENYAMIN BIN RETHZUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/06/2016 18:17

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature